

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Damon William Stanley

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

warden McFadden

C.O. Wade

C.O. Weaver

C.O. Zenzill

RECEIVED
MAY 21 2013

13-cv-1911

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: Yes No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Damon William Stanley

ID # 61205

Current Institution 501 S. Warwick Rd.

Address West Chester PA 19382

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Warden McFadden Shield # _____
 Where Currently Employed Chester County Prison
 Address 501 S. Wawa Set Rd.
West Chester, PA 19382

Defendant No. 2 Name Wade (correctional officer) Shield # _____
 Where Currently Employed Chester County Prison
 Address 501 S. Wawa Set Rd.
West Chester, PA 19382

Defendant No. 3 Name Weaver (correctional officer) Shield # _____
 Where Currently Employed Chester County Prison
 Address 501 S. Wawa Set Rd.
West Chester, PA 19382

Defendant No. 4 Name Zen Zill (correctional officer) Shield # 796
 Where Currently Employed 501 S. Wawa Set Rd. Chester County, PA
 Address 501 S. Wawa Set Rd.
West Chester, PA 19382

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Chester County Prison

B. Where in the institution did the events giving rise to your claim(s) occur? J-Block add 23 cell

C. What date and approximate time did the events giving rise to your claim(s) occur? December 15, 2012 approx. 6pm

What
happened
to you?

D. Facts: C.O Wade had attacked me in my cell. C.O. weaver opened my cell from the Control room and C.O. Zenzill watched my attacking at the entrance of my cell. During the attacking the Nurse ms. Parchment witnessed my attacking when she had been doing sick rounds. Inmates Shawn Heron, Layonna Chapman, Walter wood, Joshua Jones, Jimmy Pitts witnessed C.O. Wade come in my cell attack me, as well as C.O. weaver open my cell. C.O. Austin the block supervisor at that time open escorted me to medical 2 hours after the attacking which I spent profusely bleeding. Nurse Suni and Nurse Eustha examined my wounds and I was immediately sent to Brandywine hospital escorted by C.O's Hitchcock and Sutton. After being treated for open wounds on my head with stitches. C.O's Zenzill and weaver were in my cell to clean the blood of mine on the walls, metal corners of the bed and desk plates. Pictures were also taken of my injuries during my time in the medical unit. In the results of this incident my eight amendment was violated by C.O. Wade, C.O. weaver & Zenzill violated my eight amendment by us location and by the warden not creating a safe environment to prevent inmates from being abused, by failing to adequately supervise his employees & creating safe policies and customs

Who
did
what?

Was
anyone
else
involved?

Who else
saw what
happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Stitches for open wounds on my head, psychiatric therapy and medication.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No _____

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Chester County prison

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No _____ Do Not Know _____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No _____ Do Not Know _____

If YES, which claim(s)? Violation of Civil Constitution or Statutory Rights, Criminal or prohibited act by a staff member, violation of prison policy

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No _____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No _____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Medical Housing unit

1. Which claim(s) in this complaint did you grieve? Violation of prison policy, Criminal or prohibited act by a staff member, my 8th amendment was violated

2. What was the result, if any? C.O. Wade was fired

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. The jail offers no appeals on grievances.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. *Since the attacking I have been threatened and harassed by guards such as Co. S. Hannan, Hitchcock, Whiteside, Sgt. Green, Cpl. Marconi. Also if the warden had kept Security cameras on the block things like my attacking wouldn't take place and when I asked to press charges, obtain copies of the pictures I was ignored. By the warden not creating a safe environment by supervising not only inmate but its employees my attacking will continue if not to me then others.*

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). *To appoint a Court appointed lawyer, a reasonable amount for nominal damages, punitive damages of \$10,000, \$20,000 in compensatory damages.*

Solely on the basis that Co. S. Wade, Weaver, and Zenzill were completely aware and had full and evil intentions to harm me and leave me in pain for 3 hours, profusely bleeding. The attacking caused

Not only emotional & mental damages of post dramatic stress, sever anxiety, but also constant head pains from where my head had been split. After Reporting and filing my grievance I've been harassed which caused more emotional damages.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

On these claims

Yes No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes No

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

C. Have you filed other lawsuits in state or federal court?

Yes ____ No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 13 day of May, 2013.

Signature of Plaintiff Raven Stanley

Inmate Number 61205

Institution Address 501 S. Hanover Rd.
West Chester PA, 19382

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 13 day of May, 2013, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: Don Stanley